



# SCOTT & WHITE

CC 96-45



December 17, 1996

EX PARTE OR LATE FILED

Office of the Secretary  
Federal Communications Commission  
1919 M Street, NW Suite 222  
Washington D.C. 20554

RE: FCC Proposed Rule on Universal Service Provision

To Whom it May Concern:

First, let me commend the Commission's efforts to improve access to the information highway for all Americans. The following represent some key concerns that I feel must be addressed in final rules on this issue.

1. Rural America, and particularly Frontier and wilderness communities, are especially disadvantaged by (a) the current system of costs that are based on distance and location. In order to improve access the FCC must assure that costs are distance neutral for T1 access or its equivalent. (b) Definitions of rural health provider that use criteria other than geographic location and populations served are inappropriate. The definition of small rural health care providers must be as broad as possible under the law.
2. Universal Internet access (local dial tone) should be available to all licensed providers, or, if not all licensed providers, an aggregate entity that licensed practitioners have access to.

The information highway holds a great deal of promise for rural providers and rural communities. However, this promise will not be realized if we cannot level the playing field between rural and urban.

Thank you for your consideration.

Sincerely,

*Gail Bellamy*

Gail R. Bellamy, Ph.D.  
Director,  
Community Research and Program  
Development

*Delivering tomorrow's health care today*

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December 13, 1996

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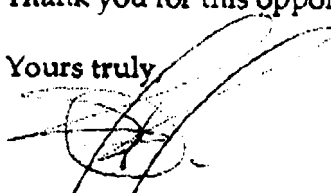
Dear Sir/Madam:

On behalf of Kentucky TeleCare, I want to express my strong support for an implementation strategy for the Rule on Universal Service Provision that facilitates rural health care delivery. Specifically we must work to assure local dial tone internet access to all licensed providers, regardless of geographic location. This information source will be increasingly essential to practitioners as we move into the next century and rural providers must have access equal to that of their urban colleagues. Wide band capability should also be reasonably accessible to rural community practitioners so that participation in telemedical applications is distributed to rural communities in a manner not materially different from access in urban environments. Such access must be distance neutral or nearly distance neutral to assure that communications charges do not function as barriers to utilization of these emerging technologies.

In short, I would argue that rule making and implementation should be guided by the principle that our goal is to allow and to facilitate the use of communications technology equally in the development of rural and urban health care systems.

Thank you for this opportunity to comment.

Yours truly,

  
James C. Norton, Ph.D.  
Associate Dean for Extramural and  
Post Graduate Medical Education

FEDERAL COMMUNICATIONS  
COMMISSION  
OFFICE OF THE SECRETARY

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17 December, 1996

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Federal Communications Commission

EX PARTE OR LATE FILED

Re: Universal Service Provision

Dear Sirs:

I manage rurally oriented health professions education and health care programs in and around Hazard Kentucky. It is hard to overestimate the importance of economical access to the Internet for rural health care providers. Over the past twenty-five years various technologies have been hyped as the salvation of rural people. Over the past year, however, I have become convinced that the power of the Internet to put people with needs for information in touch with resources is unprecedented.

On Tuesday, December 12, my brother in rural Maine was recognized as suffering from a newly recognized and vanishingly rare condition in which the blood clots when it cools slightly-even if it is in the capillaries of the skin: not a good thing in the winter in Maine. We medical school faculty would do the traditional "search of the literature" without finding much. Medical articles take two to three years from observation to publication. We'd then go find our sub-subspecialist friends and see what they might have heard through the grapevine..

Instead, working the Internet from Dover-Foxcroft Maine, Frank Myers within an evening was able to get an up to the minute review of the national experience with this condition, including suggestions from oncologists a thousand miles away regarding promising treatment strategies being tried. Thus, working with his local internist he was able, in less than 24 hours, to come up with a rational and state-of-the-art treatment plan. If the country patient can do it, so can the country doctor.

The Internet takes time. Telephone modem/line time costs money and limits most of our use of the net. Discriminatory in-state long distance tolls have largely squelched the promise of telecommunications for rural economic development. It is important that the same pattern not exclude rural health care from modern technology.

Sincerely yours

Wayne W. Myers MD  
Director



# NATIONAL RURAL HEALTH ASSOCIATION

December 18, 1996

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Federal Communications Commission  
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To Whom It May Concern:

On behalf of the National Rural Health Association (NRHA), I am writing to comment on specific provisions of the Proposed Rule on the Implementation of Infrastructure Sharing Provisions In the Telecommunications Act of 1996.

The NRHA has a long history in the area of telemedicine issues. Because our membership includes rural health providers, administrators, educators and researchers, our interest and expertise in the field of telemedicine cuts across traditional boundaries. We strongly support telemedicine as a means to both increase rural access to quality health care and decrease overall health care costs. Unfortunately, the long distance inherent in rural telemedicine have generally resulted in extremely high telecommunications rates that inhibit the development and use of telemedicine's potential. It was for that reason that Congress included rural health care providers under the universal service provision: to give rural patients access to the same telemedicine services as urban patients by eliminating the distance element in telecommunications rates. We strongly urge the Commission to adopt a distance-neutral rate structure for rural telemedicine services. In addition to this point, we recommend the following with regard to scope of services:

- At the minimum, universal internet access (local dial tone) should be available to all licensed providers;
- Broadband access should be available also, if not to all licensed providers, to an aggregate entity to which licensed providers have access.
- Specific services needed would include: communication among partners in networks, including electronic transmission of patient data; support for diagnosis, including transmission of images; the development of a treatment plan, including direct consultation with image present at both ends; patient-physician counseling for routine follow up visits and behavioral counseling which would require real-time interactive televideo.

Donna M. Williams  
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Office of the Secretary  
FCC  
December 18, 1996  
Page Two

Regarding the definition of small rural health care providers;

- The current definition which targets hospital revenue should not be the benchmark, geographic location and populations served should be the determinant;
- The term "provider" should be defined in the broadest way possible under law. Our suggestion is to use "licensed practitioner" as the criterion;
- Consideration should not be limited to hospitals but should include rural community colleges, medical schools with rural programs, health centers, local health departments or agencies, and rural health clinics.

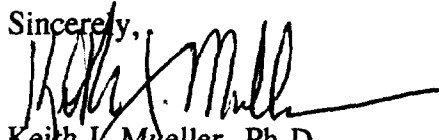
Regarding criteria for determining rural areas, the size of the town and remoteness (frontier areas) should be given special consideration.

The NRHA feels strongly that the regulatory approach taken should not disadvantage private practice. Geographic location and populations served should be the determining factors, not whether the entity is not-for-profit, for profit, big or small. All programs/facilities located in geographically remote areas serving those who would otherwise not have access to care should be assisted under the universal service provision.

Finally, we believe that the FCC should create a flexible implementation program in concert with Congressional intent, one which responds quickly to the communication needs of rural communities but which revisits the issue of provider eligibility, eligible services, and infrastructure development on a regular basis, to ensure that both access and cost concerns are fairly balanced.

The NRHA appreciates the opportunity to share our comments with you on this important proposed rule. If we can be of further assistance, please do not hesitate to contact Jennifer Rapp in our Washington D.C. office at (202) 232-6200.

Sincerely,

  
Keith J. Mueller, Ph.D.  
President